

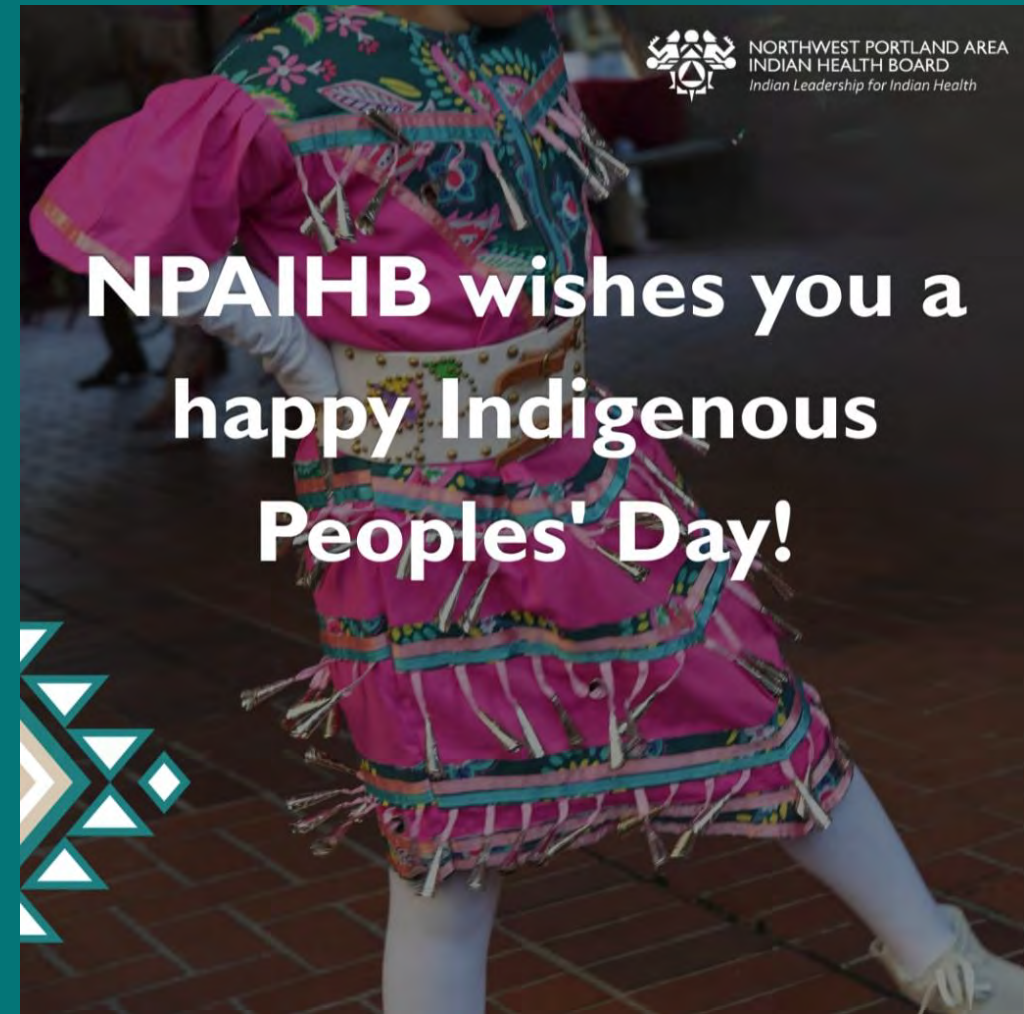
NPAIHB Weekly Update

October 13, 2026



Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- N CREW Research Focus: Budgeting for NIH Grants: Tom Becker, NW NARCH & Taitum DeGarmo, Accounting Manager
- Communicable Disease Updates: Dr. Tara Perti, PAIHS
- Questions & Comments



Upcoming Indian Country ECHO Telehealth Opportunities

- **Elders, Knowledge Holders, and Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
 - Tuesday, October 13th at 12pm PT
 - Didactic Topic: *Cultivating Wellness: Cultural Gardening as Prevention, Healing, and Mental Health Care*
 - To Join via Zoom: <https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWI5Bba.1>
- **Trauma Rounds ECHO** – 2nd Wednesday of every month at 6:30am PT
 - Wednesday, October 14th at 6:30am PT
 - Didactic Topic: *Hypothermia and Cold Injuries*
 - To Join via Zoom: <https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09>
- **Oral Health ECHO** – 2nd Wednesday every three months at 12pm PT
 - Wednesday, October 14th at 12pm PT
 - Didactic Topic: *Oral manifestations of Syphilis and other STIs*
 - To Join via Zoom: <https://us06web.zoom.us/j/89054925674?pwd=eaw1yJYXsqdZ4858Y4up9Ebk7iHWXH.1>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Adolescent Health ECHO** – 2nd Wednesday of every month at 12pm PT
 - Wednesday, October 14th at 12pm PT
 - Didactic Topic: *Back to School: Common Adolescent Health Concerns and How We Support Families Through the Transition*
 - To join via Zoom: <https://echo.zoom.us/j/88393600100?pwd=Amim4GLLWnPrPj1nhlm3K6q2ricsUj.1>
- **Emergency Medical Services ECHO** – 1st Tuesday and 3rd Thursday of every month at 5pm PT
 - Thursday, October 15th at 5pm PT
 - Didactic Topic: *Recognizing Sepsis*
 - To join via Zoom: <https://echo.zoom.us/j/84832881641?pwd=SXlINlpJa0Vta1R1c28xcUh5V1dlUT09>
- **emRIC ECHO** – 3rd Monday of every month at 8:30am PT
 - Monday, October 19th at 8:30am PT
 - Didactic Topic: *Opportunities to Improve the Care of Patients Using Substances in the Emergency Room and Beyond*
 - To join via Zoom: <https://echo.zoom.us/j/89810907975?pwd=d1gydTAvdFUxSU4wb1d2TINEUTlEQT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Cardiology ECHO** – 3rd Monday of every month at 11am PT
 - Monday, October 19th at 11am PT
 - Didactic Topic: *Sudden Cardiac Death: Indications for ICD Implantation*
 - To join via Zoom: <https://echo.zoom.us/j/81476475100?pwd=ZnBsK2xmYnFYRW9tUVdxWDROeWtMQT09>
- **Community Health Representatives ECHO** – 3rd Monday of every month at 12pm PT
 - Monday, October 19th at 12pm PT
 - Didactic Topic: *Health Messaging*
 - To join via Zoom: <https://echo.zoom.us/j/85861655901?pwd=0em1G52lvvVpnihVPOoGwp1hDlPjpo.1>
- **Pharmacy SUD ECHO** – 3rd Tuesday of every month at 10am PT
 - Tuesday, October 20th at 10am PT
 - Didactic Topic: *The Hidden Hangover: Managing Alcohol Use Disorder with Co-occurring Trauma*
 - To join via Zoom: <https://echo.zoom.us/j/98430834267?pwd=WnhaSVZrbW9PcjMycDNmUjZDaWhwZz09>

Healthy Native Youth Community of Practice

October 14

10:00 – 11:30 AM Pacific

Tap into Community Needs

Learn how to use the Community Needs Assessment template building off last month's Community Mapping: Identify Stakeholders & Advocates activity.

More info & [registration link](https://healthynativeyouth.npaihb.org/community-of-practice) at
healthynativeyouth.npaihb.org/community-of-practice



COMMUNITY OF PRACTICE

Tap into Community Needs

Join us as we gather information that will help us tap into our community needs through mapping and planning tools. Let's take this to the next level in adolescent health planning!

WHEN

October 14, 2026

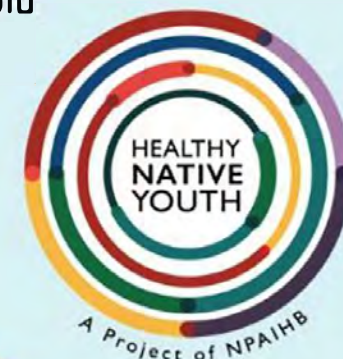
Time:

10:00-11:30 AM PT

REGISTRATION LINK IN BIO

CONTACT US:

native@npaihb.org



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Advancing Tribally led health programs and services for the 43
federally recognized Tribes across Idaho, Oregon, and Washington.



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August/September 2026**

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**COVID-19 and Influenza Data | OR
School Immunization Dashboard |
WA DOH Vaccine & Tribal Office
Updates**

This weekly update featured
presentations by ...



WEEKLY UPDATES | SEPTEMBER 29, 2026

**Proposed Changes for the 2030
Census: Impacts on Public Health &
Funding**

This weekly update featured a
presentation by Vict...



PRESS RELEASE | SEPTEMBER 23, 2026

**NPAIHB Statement on the
Swearing-In of IHS Director Mark
Cruz**

The Northwest Portland Area Indian
Health Board (N...



WEEKLY UPDATES | SEPTEMBER 22, 2026



WEEKLY UPDATES | SEPTEMBER 15, 2026



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COVID-19 and Influenza Data | OR School Immunization Dashboard | WA DOH Vaccine & Tribal Office Updates

Weekly Updates | October 6, 2026

This weekly update featured presentations by Alexis Harris from the Epidemiology & Surveillance Unit of the Northwest Tribal Epidemiology Center (NWTEC) at NPAIHB on COVID-19 and influenza data for ID, OR, and WA; by Karen Pelland, Oregon Immunization Program Communications Manager at the Oregon Health Authority (OHA) Public Health Division, on the Oregon School Vaccination Data Dashboard including information on measles and tools for clinics and communities; and by Jessica Haag, Office of Immunization Liaison, and Rosalinda Fivekiller, Tribal Engagement Director, at the Washington State Department of Health (WA DOH).

About NPAIHB

NPAIHB hosts a variety of reports, legislative

Topics covered in

- NPAIHB
- NPAIHB
- Environ
- North
- Communicable Disease Updates
- Federal & State Partner Updates
- Northwest Regional Research Center Tr : Series: 3rd Tuesdays
- Legislative & Policy Updates: 4th Tuesda

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[Proposed Changes for the 2030 Census: Impacts on Public Health & Funding](#)

Next post

[Health News & Notes August/September 2026](#)



NPAIHB Weekly Update

Schedule

- October 20: Legislative & Policy Updates & Communicable Diseases Updates
- October 27: **No Weekly Update – NPAIHB QBM**
- November 3: State & Federal Partner Updates
- November 10: Veterans Administration (VA) Office of Rural and Tribal Health (invited)
- November 17: N CREW Research Focus

Budgeting for NIH Grants

Tom Becker

Project Director, Northwest Native American Research
Centers for Health (NW NARCH) & Medical
Epidemiologist

Taitum DeGarmo, Accounting Manager



Presentation Objectives

- Present similarities and differences between National Institutes of Health (NIH) and other types of US Health & Human Services (HHS) grant budgets
- Demonstrate main features of NIH grant budgets
- Suggest strategies you can use to support your budgets, and, your entire grant thrust
- Encourage you to ‘test the waters’ with NIH when you have a marketable idea

Take Home Messages

- NIH grant reviewers and program officials like to see a substantial amount of detail in budgets, and in budget justifications.
- Don't be shy about writing clearly detailed justifications for each expense that you are asking them to fund, big or little.
- In budget justifications, you can pack a lot of other details that the grant main document does not allow room for ...like why Dr. X is experienced and competent to add to the project or research.
- You cannot spend NIH money on things you did not budget for!
- Mis-spending can shut down your entire organization in an audit.

NIH Budget Example: NW NARCH – Personnel

Principal Investigator/Program Director (Becker, Thomas, Mark)								
DETAILED BUDGET					FROM	THROUGH		
PERSONNEL		CAL months	EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED			ERE RATE
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFIT	TOTAL	
Becker, Thomas	Co-Project Lead	1.80	0.15	50 000.00	7 500.00	3 375.00	10 875.00	0.450
M [REDACTED]	Co- investigator-	6.00	0.50	50 000.00	25 000.00	11 250.00	36 250.00	0.450
M [REDACTED]	Co- investigator-	6.00	0.50	50 000.00	25 000.00	11 250.00	36 250.00	0.450
J [REDACTED]	Co-Project Lead	1.80	0.15	50 000.00	7 500.00	3 375.00	10 875.00	0.450
T [REDACTED]	Program Manager	1.20	0.10	50 000.00	5 000.00	2 250.00	7 250.00	0.450
G [REDACTED]	Co- investigator	1.20	0.10	50 000.00	5 000.00	2 250.00	7 250.00	0.450
J [REDACTED]	Biostat	0.60	0.05	50 000.00	2 500.00	1,125.00	3,625.00	0.450
C [REDACTED]	Project Coordinator	3.00	0.25	50 000.00	12 500.00	5 625.00	18 125.00	0.450
SUBTOTALS			1.80		90 000.00	40 500.00	130 500.00	

NIH Budget Example: NW NARCH – Consultants

CONSULTANT COSTS			
Delegates (3 x 2 meetings each)	350.00	6,300.00	59,675.00
Culture Bearer (2 per community)	350.00	2,100.00	
ER Doctor	500.00	5,000.00	
Teachers at each site (3)	5,000.00	15,000.00	
M [REDACTED] (20 days)	500.00	10,000.00	
A [REDACTED]	350*20	7,000.00	
Mental Health Consultant (3)	3,000.00	3,000.00	
T [REDACTED] (20 days)	500.00	10,000.00	
Chaperone Gift Cards	18 x \$50	900.00	
Youth Tribal Advisors (3)	25.00	225.00	
Elder campfire speaker (2 per community)	25.00	150.00	
			59,675.00

NIH Budget Example: NW NARCH – Supplies

EQUIPMENT (Itemize)				
None				
SUPPLIES (Itemize by category)				
Laptops (3)	1,600.00	4,800.00		
Choking manikin (3)	800.00	2,400.00		
CPR Hands only training model 36/year for 3 years	19.00	684.00		
Instructor training Kit (manikins, aed, etc. 1 per site)	1,925.00	5,775.00		
First Aid Kits for Wilderness Experience (36 kids)	30.00	1,080.00		
				14,739.00

NIH Budget Example: NW NARCH – Travel

TRAVEL				
<u>Site Visits for Trainers (Day Visits) 16</u>				
Mileage (500 miles x 16 trips)	0.70	350.00		
Pier Diem	74.00	74.00		
Total per trip		424.00	6,784.00	
<u>Site Visits for Trainers (Overnight Visits) 8</u>				
Airfare	300.00	300.00		
Hotel	200.00	200.00		
Pier Diem	74.00	111.00		
Ground transportation	150.00	150.00		
Total per trip		761.00	6,088.00	
<u>Site Visits for T [REDACTED] (Overnight Visits) 10</u>				
Airfare	300.00	300.00		
Hotel	200.00	200.00		
Pier Diem	74.00	111.00		
Ground transportation	150.00	150.00		
Total per trip		761.00	7,610.00	
<u>Portland: 3 trips x 3 teacher and 3 delegate 1 culture Curriculum Advisors</u>				
Airfare	300.00	300.00		
Hotel	200.00	400.00		
Pier Diem	74.00	185.00		
Ground transportation	150.00	150.00		
Total per trip		1,035.00	21,735.00	
				42,217.00

NIH Budget Example: NW NARCH – Other

<i>OTHER EXPENSES (Itemize by category)</i>				
<i>Camping</i>				
Site Fee Two Nights (\$200/night)	400.00	1,200.00		
Gas	150.00	450.00		
Training class for G and W	270.00	540.00		
Phone	500.00	500.00		
Postage	300.00	300.00		
Printing /Marketing	1,200.00	1,200.00		
Camping Supplies (\$200/site)	200.00	600.00		
American Red Cross Trainer	500.00	1,500.00		
Space at tribes to hold trainings	500.00	1,500.00		
Van rental per site	275.00	825.00		8,615.00
SUBTOTAL DIRECT COSTS				255,746.00
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS		
		FACILITIES AND ADMINISTRATIVE COSTS		
TOTAL DIRECT COSTS				255,746.00
INDIRECT COSTS		32.0%		81,838.72
TOTAL COSTS				337,584.72

Sample NIH Budget Justification

**Developing Tribal Researchers to Improve Health in Tribal Communities:
NW NARCH Program (NARCH 14)**

Young Heroes (Research grant)

BUDGET JUSTIFICATION – We will include three Tribes as partners in this grant, for three years. Our first year will require purchase of some supplies that will not be recurring expenses (such as CPR manikins). We shall request less funding support from NIH for the second and third year, compared to Year 1.

Abbreviations

AI/AN: American Indian/Alaska Native

NPAIHB: Northwest Portland Area Indian Health Board, or ‘the Board’

PSU: Portland State University

OHSU: Oregon Health & Science University

OHSU-PSU School of Public Health (the faculty at each university formed a new school in 2018)

NARCH: Native American Research Centers for Health

EpiCenter: the Northwest Tribal Epidemiology Center, housed at the Board

SPH: School of Public Health

CPR: Cardiopulmonary resuscitation

ARC: American Red Cross

Sample NIH Budget Justification: Personnel

Personnel:

Thomas Becker, MD, PhD, MPI, 1.80 CM: Dr. Becker is a medical epidemiologist with substantial experience in public health-related research, particularly in American Indian/Alaska Native (AI/AN) populations. He is an emeritus professor at the main partner university, OHSU, and has served as the NARCH 'bridge person' between the Board and OHSU since NARCH 1. He has over 40 years of research and collaboration with Tribal populations in epidemiologic studies, 25 years of experience in guiding education programs to increase Tribal researchers' skills in designing and implementing chronic disease control projects, and 30 years of experience in teaching epidemiology to medical and public health students, as well as to junior faculty in the School of Medicine. He has worked as a medical epidemiologist at the Northwest Portland Area Indian Health Board for the past 25 years. Dr. Becker served as the NARCH Project Director for the NPAIHB during the first cycle of funding (NARCH 1), as the PI, and lead for training activities during the third through twelfth funding cycles (NARCH 3, 4, 6-12). Dr. Becker has carried out epidemiologic research among Tribal peoples of the Southwest and Alaska Natives since 1985. He has published numerous papers on Tribal health-related topics and conducted several grant-funded cancer and infectious disease-related studies among the Navajo and Pueblo peoples of New Mexico. As emeritus Professor of Epidemiology at OHSU-PSU School of Public Health, he lectured, directed student research, and was responsible for epidemiologic research training at OHSU. He was also the curriculum director for an NIH-funded K-30 award (Human Investigations Program), designed to increase the research capabilities of junior faculty at OHSU (now part of the OHSU Clinical Translational Science Award). Dr. Becker has fostered long-standing professional relationships with most of the faculty and consultants in this grant, with some collaborations dating back 30 years, and has solid working relationships with numerous NW Tribes. He has been primarily responsible for moving substantial resources from OHSU to the service of the Tribes in the NW. He is also well-networked with many faculty at PSU, our other academic partner, particularly with the public health faculty at that university. His biographical sketch includes numerous honors for research, as well as for teaching and mentoring trainees at multiple levels of career development.

Of particular relevance to this grant, Dr. Becker has many hours of emergency medicine training and emergency medicine practice, and substantial experience with Seattle's prototypic Medic One Emergency Response program during his residency training program. He was an emergency room volunteer faculty at Emory University during his public health fellowship at CDC and was an Advanced Cardiac Life Support instructor at UNM while he was a faculty member in Family, Emergency, and Community Medicine Department in New Mexico. His main responsibilities in this proposal are listed in the table below.

MULTI-PI Leadership: Dr. Becker will share grant leadership with Dr. [REDACTED] while maintaining separate roles for the key tasks in the grant. Three reasons underlie our decision to use the Multi-PI approach to this grant. First, Dr. Becker will retire during this NARCH grant and, due to his loyalty to this program, will mentor a successor for the leadership of future cycles of NARCH. It will be a smoother transition to have a second PI already fully prepared to take over the grant. Second, Dr. [REDACTED] is enrolled in the [REDACTED] Tribe and has excellent community connections with her Tribe and many other Washington Tribes (that Dr. Becker lacks to the degree that she can demonstrate). Third, Dr. [REDACTED] understands the NARCH program through her involvement in other NARCH and Tribal epidemiology center programs as a teacher and mentor at NW Indian College and Urban Indian Health Institute in Seattle. Her range of administrative experiences differs somewhat from Dr. Becker's, thus potentially improving the quality and productivity of the NW NARCH. Some tasks will, by necessity, be shared between the two PIs, however (due to the mentorship relationship). We sought guidance from our program officer and together decided that the multi-PI approach was a better approach than listing Dr. [REDACTED] as a Co-investigator—a strategy that could put the program leadership at some risk upon Dr. Becker's retirement (the retirement date not yet set).

Dr. Becker will regularly report to the Tribal delegates and supervise the senior project manager. He will be responsible for budgets and monitoring expenses. He will ensure that the RPPRs and FFRs are accurate and submitted on time to NIH officials. He and Dr. [REDACTED] will convene and run the project-specific standing meetings. They will also attend the Board's monthly Project Directors Meeting and all-staff meetings. Support is requested for 15% effort for each year of the grant for research project-related duties. He will have adequate FTE to devote to the Young Heroes grant and the companion NARCH grants, should they all be funded.

Dr. [REDACTED] has over 20 years of experience overseeing health program evaluation, research, community needs and food sovereignty assessments, and qualitative and quantitative data collection and reporting with AI/AN -serving organizations. While serving as [REDACTED] at the Urban Indian Health Institute (UIHI), she was responsible for supervising Tribal Epidemiology Center staff and over \$10,000,000 in federal, state, local, and foundation grants and programs. She has been the Program Director of two Centers for Disease Control grants, Good Health and Wellness in Indian Country and Tribal Epidemiology Centers Public Health Infrastructure. Dr. [REDACTED] has extensive experience as Co-investigator on numerous NIH-funded grants including the National Human Genome Research Institute-funded Center for Genomics and Healthcare Equality and the Northwest-Alaska Pharmacogenetic Research Network. Dr. [REDACTED] worked across culturally diverse Tribal partners and multidisciplinary teams of scientists and academics to better understand the social, legal, and ethical implications of genetic research with Tribal populations. For example, Dr. [REDACTED] facilitated

Sample NIH Budget Justification: Personnel

Table 1: MPI Responsibilities and Tasks

MPI Responsibilities and Tasks	
Dr. Becker	Dr.
Supervise Program Manager	Review notes from all meetings before they are distributed
Prepare and Provide quality control on RPPR with Ms. [REDACTED]	Interface with program evaluators (D [REDACTED] J [REDACTED] and E [REDACTED]) monthly by Zoom or phone
Oversee budget and spending with Ms. [REDACTED]	Meet yearly with 43 Tribal delegates
Interact with Project Officer at NIH	Meet with appropriate deans at OHSU-PSU SPH
Attend annual NARCH program director's meeting (Becker and	
Convene meetings with Advisory committee	Co-lead the curriculum committee
Hire Tribal site coordinators (with input from Tribal school principals)	Meet with Tribal health committees on grant progress
Train the two Board-based curriculum teachers (along with Dr [REDACTED]) to ensure quality control for standardized presentations and observe them in the field once per quarter	Conduct quality control in data entry for each of the three sites
Direct analysis of data in year 3	Ensure background checks are completed on all chaperones, surrogate patients, and others who are involved in our curriculum with the students.

Sample NIH Budget Justification: Personnel

G [REDACTED], MPH, 3.0 CM: As Program Manager, Ms. C [REDACTED] will have day-to-day responsibility for ensuring the program moves forward and is supportive of participants' needs and requests. She will be responsible for sending out training communications to the consultant faculty and collaborators, informing them about the program and any modifications that are in order. She will keep the collaborators informed of meetings that will be of interest to the grant's success. She will be responsible for overseeing all the travel arrangements, arranging video conferencing, and putting together curricular meeting materials. Furthermore, she will serve as the central point of contact for all faculty, consultants, and all middle school students that are part of the program. Ms. C [REDACTED] will help Dr. Becker and Dr. J [REDACTED] prepare progress reports and documents for review by the evaluators. We request funding for 25% of her FTE during the three years of the grant.

G [REDACTED] BA ([REDACTED]), 6.0 CM: Ms. M [REDACTED] currently provides assistance to several of our training programs and will continue to do so in NARCH 14 projects. She reports to Ms. T [REDACTED] and will assist her in making travel arrangements, hotel arrangements, ordering supplies, paying invoices, and taking notes at the advisory committee meetings and regularly scheduled NARCH staff meetings. Gen has completed the Wy'East pre-medical student training program, is a certified CPR instructor, experienced CPR teacher, and has completed many of the American Red Cross training modules. She has substantial experience with EMT programs in Oregon and Washington. She will master and deliver the curriculum (along with W [REDACTED]) at the three Tribal sites. She will evaluate the skill mastery of skills by the middle school students. She will meet by Zoom with on-site project coordinators to ensure that all arrangements for training sessions are in place ahead of time. We request support for 50% of her FTE for each year of the grant.

W [REDACTED] EMT-B, BA ([REDACTED]), 6.0 CM: W [REDACTED] is a Board employee with a background in emergency response in a Tribal setting. He will share the teaching duties with Ms. M [REDACTED] for the adolescents in the training program, travelling to Tribal sites for delivery of the curriculum modules. His years of hands-on emergency interventions will be extremely useful to the success of our project. He will master and deliver the curriculum (along with Ms. M [REDACTED]) at the three Tribal sites. He will evaluate the skill mastery of first aid skills by the middle school students. He will meet by Zoom with on-site project coordinators to ensure that all arrangements for training sessions are in place ahead of time. Mr. M [REDACTED] and Ms. M [REDACTED] will 'cover' the teaching of all the modules that will be presented at each tribe, with the assistance of the local Tribal coordinators. We request support for 50% of his FTE for each year of the grant.

C [REDACTED] MPH ([REDACTED]), 1.2 CM: Ms. G [REDACTED] is a member of the Adolescent Health Program at the Board, with many years of experience working with Tribal youth on health promotion/disease prevention efforts. She is very knowledgeable about successful learning strategies among middle school students. She will serve on the curriculum committee, travel to Tribal sites twice per year to observe and document successes and potential failures in execution of our curriculum. She will assist Ms. K [REDACTED] with the preparation of curricular materials (print materials, videos, games, and other materials). We request support for 10% of her FTE for each year of the grant.

A [REDACTED] MPH ([REDACTED]), 1.2 CM: Ms. T [REDACTED] is the senior program manager for all our NARCH projects and has a central role in the successful completion of our career development projects and our research projects. She manages the budgets, interacts daily with the Board's finance department, monitors budget activity, prepares RPPRs for NIH, and meets daily with at least one of the PIs of the current NARCH 11 and 12 grants. She attends all project director meetings at the Board, and assists with current and future grant budgets. Her many duties and activities within our NARCH have been invaluable, and she will continue in similar roles for this research project. We request support for 10% of her FTE for each year of the grant.

S [REDACTED] MPH, statistician, 0.06 CM: Ms. J [REDACTED] manages the biostatistics group at NPAIHB and has her own research thrust in data linkage studies in attempt to develop clean administrative datasets that remove AI/AN racial misclassification and result in more accurate health data for NW Tribal people. She will provide programming and analysis assistance for the project. Because we will have a small number of student participants each year, and because analyses will be primarily descriptive, we request only a small amount of FTE to support her role in the study. 5% FTE for each year of the grant.

Personnel Total: \$ 130,500/year for Years 1-3

Sample NIH Budget Justification: Consultants

Consultants:

Please note: In our NARCH component grants, we have listed numerous consultants to reduce the need for subcontracts to the universities, and the associated indirect costs that would typically increase the overall cost of the grant. Under the core, we are requesting consultant support for the evaluator only and no subcontracts will be required for these consultants.

A [REDACTED] MA ([REDACTED]): Ms. K [REDACTED] is a curriculum development and assessment expert who has served the Board for 15 years, primarily working on the Adolescent Health Program team. She currently supports the NARCH program with her key role in the high school Public Health Academy, as a curriculum designer for Tribal juniors who are interested in public health and public health research careers. She has participated in the development of this grant application and has a long-standing interest in Tribal youth re: health promotion, disease prevention, and career preparation.

We request support at \$350 per day x 20 days = \$7,000

M [REDACTED] PhD, MPH, Consultant for evaluation: Dr. D [REDACTED] is an expert in program evaluation and has been involved in our NARCH for 16 years. He has published numerous articles on cancer and cancer control among Tribal and other rural communities in the Southeast, has a strong interest in Tribal health, and is well-versed in evaluating curricula such as the program we propose in this application. He has also served as a CDC Prevention Research Center director in Kentucky, providing him with numerous opportunities in research and evaluation of research projects. Dr. D [REDACTED] will assist all our component projects with outcomes evaluation, as well as process evaluation. He will supervise K [REDACTED] as she assists with evaluation reports and summaries for our programs. He has served many of our earlier Tribal-related grants as a program evaluator. Most of the evaluation input we request from Dr. D [REDACTED] can be provided via mail, e-mail, Zoom, or phone.

We request support for Dr. D [REDACTED] for ten days of consulting for our NARCH program each year listed in Admin Core.

K [REDACTED] Consultant for evaluation: As a program evaluator and data analyst, K [REDACTED] has

Sample NIH Budget Justification: Consultants

(Vetted) Chaperones for wilderness medicine camping trip: We will recruit chaperones who are vetted by the school districts, the Indian Health Service, or the Tribes (vetted for childhood safety) to join the wilderness medicine camping trip to help ensure safety of children. Each Tribe is likely to embrace a different type of vetting/background checks for child safety. NPAIHB is also capable of conducting background checks as we do for other adolescent health programs. Some of those approved chaperones may be parents of a student or students. We will recruit at least 6 for each site. We request support to offer gift cards (Amazon or other vendor) to thank them for spending three days with the students and assisting with coordination. We expect to roll out many of our curricular topics and skills during the three-day camping event, especially those skills related to wilderness medicine.

Six chaperones X 3 Tribes = 18 chaperones X \$50 dollar gift cards = \$900 per year.

Elder campfire speakers: At our 3-day camping trip to teach wilderness first response skills, as well as reinforcing other skills already taught to the trainees, we will invite Tribal Elders to serve as story tellers around the evening campfire—focusing stories on their experiences in the need for young people to come forward in emergencies. All the Tribes have Elders who embrace such opportunities. We will choose Elders from the Tribes that are included in our program. We request gift cards for each of these presenters.

We request gift card support for two speakers per student group X 3 groups= 6 speakers at \$25 dollars each, total = \$150.

Elder curriculum committee member: Depending on which of the three regional Tribes are included in our project, we will invite an elder/culture bearer to serve as a paid curriculum committee member, to add to the perspectives of the other Tribal members on the committee. Every tribe in this region has elder members who consistently are willing to participate in such an activity as we are planning, and we believe it is important to compensate elders for their involvement in projects like ours. The Tribal Elder will assist Dr. E██████ with the cultural components of the self-efficacy evaluation tools.

We request support for curriculum committee meeting attendance, for 6 days per year, at \$350 per day = \$2,100

Sample NIH Budget Justification: Consultants

Community and Scientific Advisory Board

In earlier rounds of NARCH grant funding, we have been guided by a board of advisors who represent various interests in AI/AN health in the Northwest. These advisors have had valuable input into the current renewal application. Advisory board members will serve the NARCH program at no cost to the grant. In addition to advising on project planning and implementation issues, the advisory board will also be charged with conflict resolution should any programmatic disagreements arise between the MPIs. Members include:

J. [REDACTED], MSW ([REDACTED]): Ms. T. [REDACTED] is a former NARCH-supported scholar who completed her master's degree while working at the NPAIHB. She now works for her tribe in Pendleton, Oregon, in a key health promotion and disease prevention role. She also worked on one of our NARCH research projects as a project coordinator before moving back to Pendleton.

University Partners

We have close working relationships throughout OHSU and PSU, in part due to Dr. Becker's working at both OHSU and the Board for over 25 years, and similarly, Dr. J. [REDACTED] sharing her FTE between the Board and OHSU-PSU School of Public Health (she is the lead subcontractor on our applied biostatistics training grant application). Many OHSU faculty and several PSU faculty members have collaborated on various programs at NPAIHB, most notably, the training programs. Our advisor, Dr. C. [REDACTED], is an emeritus professor at PSU. Dr. P. [REDACTED] is able to further expand our collaborations with the University of Oregon, as he has an appointment there. We have drawn on biostatistical support, research collaborations, library support, laboratory support, Dental School collaborations, and other resources of our partners during our NARCH program and will continue to do so for the NARCH 14 grant, should we be funded. Please see the biographical sketches in our application that document the university-Tribal program collaborations over the years.

Consultants Total: \$59,675/year for Years 1-3

Sample NIH Budget Justification: Supplies

Supplies:

We will purchase manikins for each Tribal site so that the local coordinators can make them available for practice for the students, and to facilitate the Board-based instructors in ease of travel, particularly if they elect to fly to distant Tribal sites. We request funds for three of each of the manikins listed below.

Adult and Infant First Aid, CPR, AED Instructor Kit We request support for these first aid and AED kits for training at each site. Manufacturer: American Red Cross, Item ID: 765403. The kits contain 4 Prestan Adult Mankins with CPR Monitors with 50 Lung Bags, 4 AED trainers, 4 Prestan Infant Mankins with CPR Monitors and 50 Lung Bags, 50 Prestan Ultralite Face Shield/Lung Bags, and 10 CPR/First Aid Training Kits.

Price: \$1,925 X 3 = \$5,775 for the first year only.

Choking Charlie Manikin– STD We request support for this special manikin that simulates a choking victim, to remain at each site during the course of the study. Manufacturer: Laerdal, Distributor: AED Superstore, Item ID: 102-00001

Price: \$800 x 3 = \$2,400 for the first year only.

CPR hands only training models for each adolescent participant. We request funds to purchase a home practice cushion for each of the trainees each year (36 per year) at the Tribal sites, for each year of the grant. \$19 each x 36 = \$684

Laptops: We request support for laptops for each of the three Tribal sites for on-site data management and entry, to be used by the site coordinators. \$1600 per laptop x 3 = \$4800 (first year only).

First aid kits for wilderness medicine experience. We will provide first aid kits to each of the trainees each year (36 per year) to use on their 3-day camping experience, where they will learn intervention techniques appropriate to wilderness camping and hiking. First aid kits for outdoors, one per student at \$30 each by HART Outdoor, REI Corporation, 36 per year = \$1080 for each year of the grant.

Supplies Total: \$14,739 (Year 1), \$1,764 (Year 2), \$1,764 (Year 3)

Sample NIH Budget Justification: Travel

Travel:

We request support for travel to the Tribal sites, and for local Tribal coordinators and delegates to travel to Portland for curriculum planning. We predict that most of the travel will be by car, although if a very distant tribe is selected to participate (such as Shoshone-Bannock), we will need to be prepared to fly our trainers and curriculum committee members to that site. In addition, we will need to include hotel and per diem costs if the instructors cannot make day trips to lead the training sessions. We have budgeted for trips to each Tribal site for delivery and assessment of curriculum, and trips for local coordinators and Tribal delegates to come to Portland for planning meetings three times each year. We will avoid hotel costs and air travel when possible and have made conservative estimates below.

Site visits for trainers M [REDACTED] and M [REDACTED] (Day visits for nearby Tribes): 16 trips estimated

Mileage reimbursement = \$350 (average distance of 500 miles round trip at \$0.70 per mile) for 16 instructor trips from Portland to Tribes round trip

Per diem = \$74

Total per trip = \$424 x 16 trips = \$6,784

Site visits for trainers M [REDACTED] and M [REDACTED] (Overnight visits for distant Tribes): 8 trips estimated

Air travel = \$300 per trip

Per diem = \$74/day x 1.5 = \$111

Hotel = \$200/night x 1 night

Ground transportation = 150

Total per trip = \$761 x 8 trips = \$6,088

Site visits for Dr. Weiser to participate in leading curricular sessions and evaluating students each year at end of the curriculum 10 trips estimated

Air travel = \$300 per trip

Per diem = \$74/day x 1.5 = \$111

Hotel = \$200/night x 1 night

Ground transportation = 150

Total per trip = \$761 x 10 trips = \$7,610

Portland curriculum committee meetings 3 trips x 3 teachers and 3 delegates and one culture bearer

Airfare = \$300

Hotel = \$200/night x 2 nights = \$400

Per diem = \$74/day x 2.5 = \$185

Ground transportation = \$150

Total per trip = \$1,035 x 21 trip = \$21,735

Travel Total: \$42,217/year for Years 1-3

Sample NIH Budget Justification: Other Expenses

Other Expenses:

Cascade training center American Heart Association tuition for the advanced ACLS cardiovascular life support training, a course offered in Portland, Oregon, for Ms. M [REDACTED] and Mr. M [REDACTED]

Cost \$270 per person x 2 trainees = $\$270 \times 2 = \540 (Year one only expense)

Cabin rental at state parks for two nights, three Tribal sites, at \$200 per night. = \$1,200 for each year of the grant

X 3 sites = \$825 per year for each year of the grant

Gas for trips

We estimate gas expenses at each site, for camping and other trips that may be needed, at \$150 per year per site x 3 sites = \$450

Publication

We request \$2,000 to support publishing our findings. = \$2,000 during year 3 of the grant

Other Expenses Total: \$8,615 (Year 1), \$8,075 (Year 2), \$10,075 (Year 3)

Budgeting for NIH Grants vs. Other Grants

- Recipients cannot carry over unspent funds year-to-year; at the end of a multi-year project, you can budget for any unspent funds
- For NIH awards, indirect costs are applied only to the **first \$25,000** of each subaward, rather than the recently increased \$50,000 threshold for other HHS grants.
- General HHS awards use a 15% de minimis indirect cost rate (for eligible entities without a Negotiated Indirect Cost Rate Agreement), while the NIH de minimis is 10%.

One Final Thought...

- NIH usually lists contact people to help with grant content and with budget issues.
- Usually, they are friendly and helpful!
- You will find this information at the very end of a grant announcement of funding availability or via the NIH website: grants.nih.gov.

Budgeting for NIH vs. Other HHS Grants

- Budget preparation guidance and grants management varies by agency within the US Department of Health and Human Services (HHS)
 - [Administration for Children and Families](#) (ACF)
 - [Centers for Disease Control and Prevention](#) (CDC)
 - [Health Resources and Services Administration](#) (HRSA)
 - [Indian Health Service](#) (IHS)
 - [National Institutes of Health](#) (NIH)
 - [Substance Abuse and Mental Health Services Administration](#) (SAMHSA)

For the latest version of the Office of Management and Budget (OMB) Budget Guidance for Federal Financial Assistance, last amended 8/17/2026, see: www.ecfr.gov/current/title-2/subtitle-A/chapter-II

Questions & Comments



Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
October 13, 2026



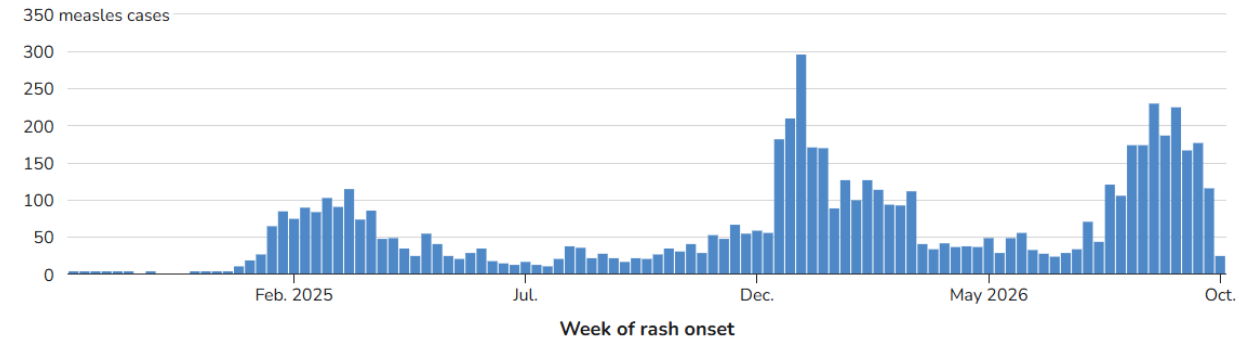
Outline

- Measles
- Seasonal Respiratory Viruses (COVID-19, Influenza, RSV)

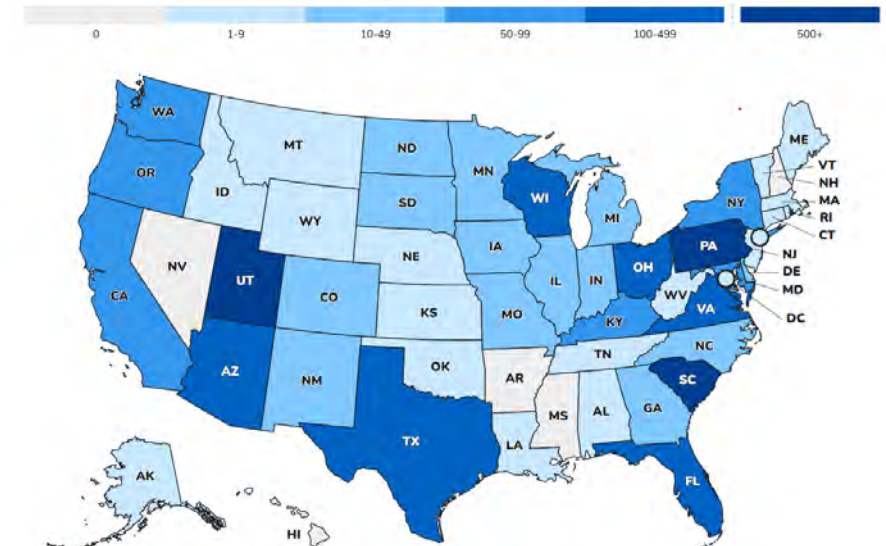
Measles — United States, 2026

- 4,080 confirmed cases during 2026 as of 10/8, exceeding the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 96% of cases are outbreak-associated (≥ 3 related cases).
- Age: 17% <5 years-old, 42% 5-19 years-old, 40% ≥ 20 years-old.
- 10% hospitalized.
- 95% unvaccinated or with unknown vaccination status, 2% one MMR dose, 2% two MMR doses.
- 1,136 cases in measles outbreak in Pennsylvania as of 10/9.
- Six deaths reported in Pennsylvania among persons with measles.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Washington, 2026 (N=58)

- Current outbreak in **Clark County**: 13 unvaccinated children with measles reported since July 22 (21 cases this year to date). The case reported on 7/22 had an unknown source of exposure. Most recent cases reported on 9/23.
- Four people (7%) with measles in Washington have been hospitalized.
- 98% of people with measles in Washington were unvaccinated or with unknown vaccination status.

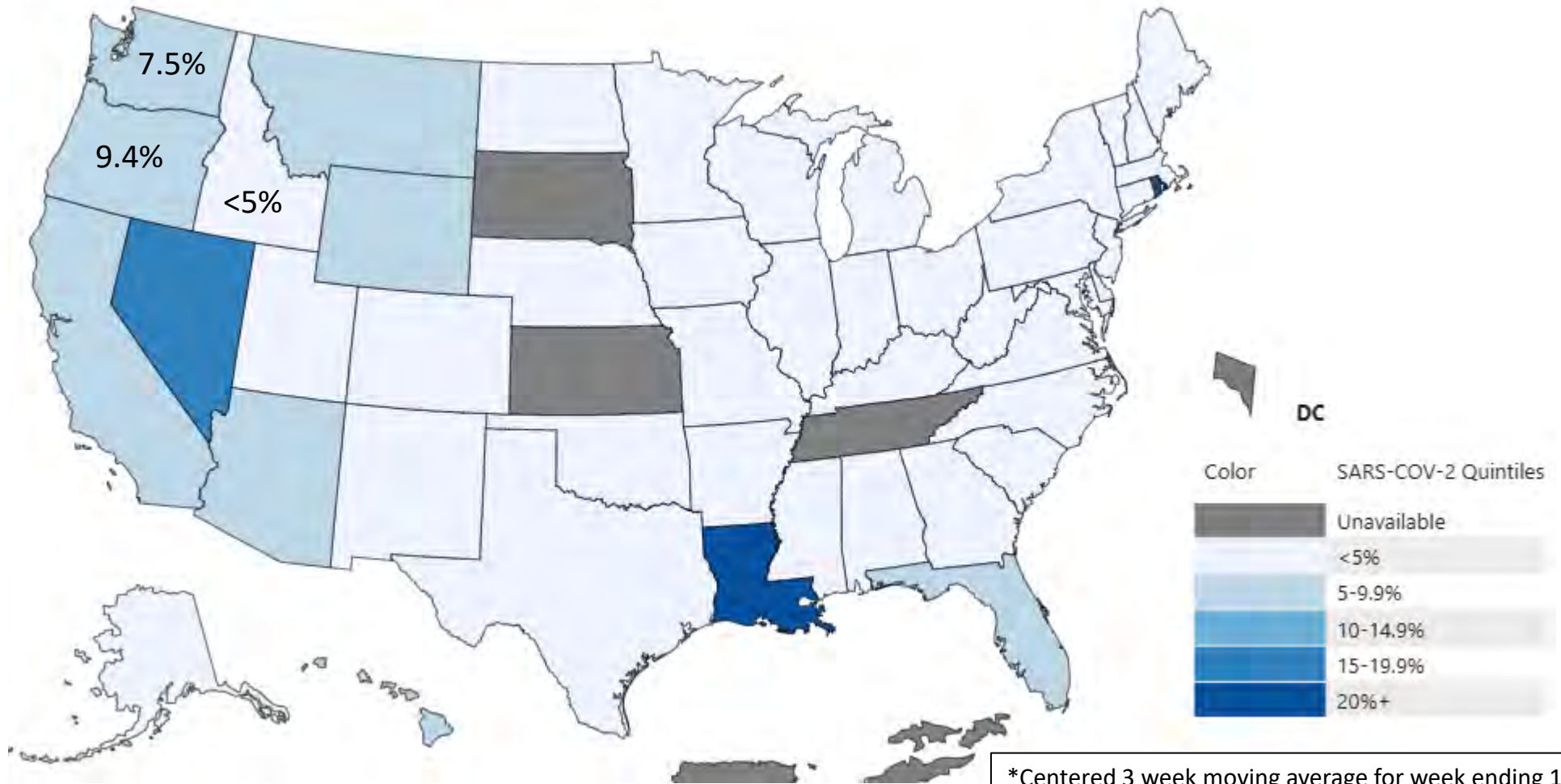
Measles — Oregon, 2026 (N=60)

- **Ongoing outbreak in Clackamas and Multnomah counties.**
- No recent possible public exposure locations, for which the monitoring period has not yet passed.
- Measles virus was detected in wastewater during the 6-week period from 8/23/26-10/3/26 in the following counties:
 - Klamath, Morrow, Columbia, Benton, Marion, Douglas, Clackamas, Linn, Multnomah, Yamhill, Deschutes, Josephine, Tillamook, Lincoln, Washington, Clatsop, Umatilla, Polk, Wasco, Coos, Lane, and Jackson Counties.
- Five people (8%) with measles have been hospitalized this year.
- 93% of people were unvaccinated or with unknown vaccination status.

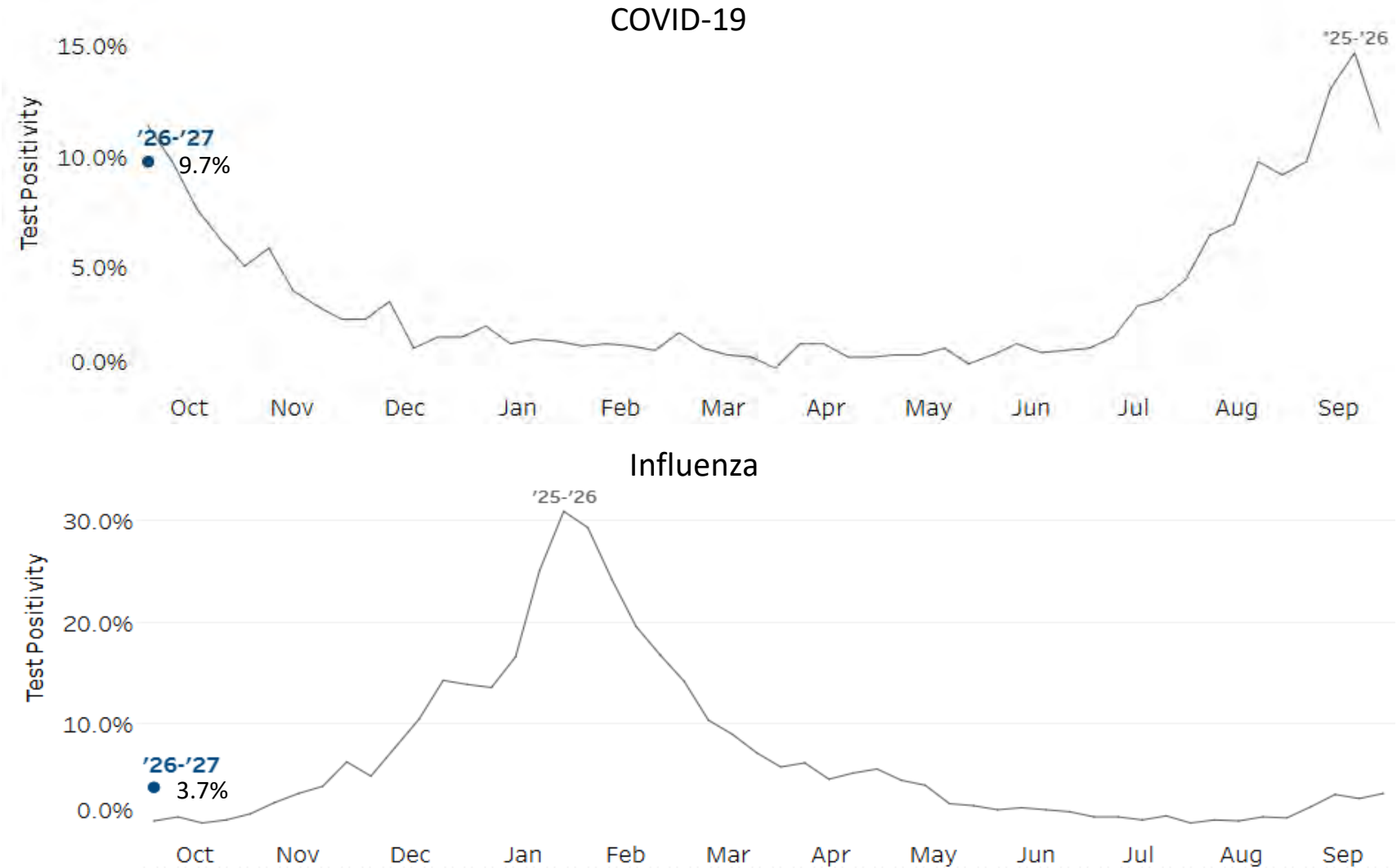
Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=128)	
Washington	Total: 12	Total: 58	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		21	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 60	
Idaho	Total: 14	Total: 10	2 additional cases among travelers to Idaho (Bonneville and Cassia Counties) in 2025. 1 case in a traveler in 2026.
Canyon (Southwest District Health		6	
Madison (Eastern Idaho Public Health)	1	2	
Kootenai (Panhandle Health District)	1	1	
Teton (Eastern Idaho Public Health)		1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

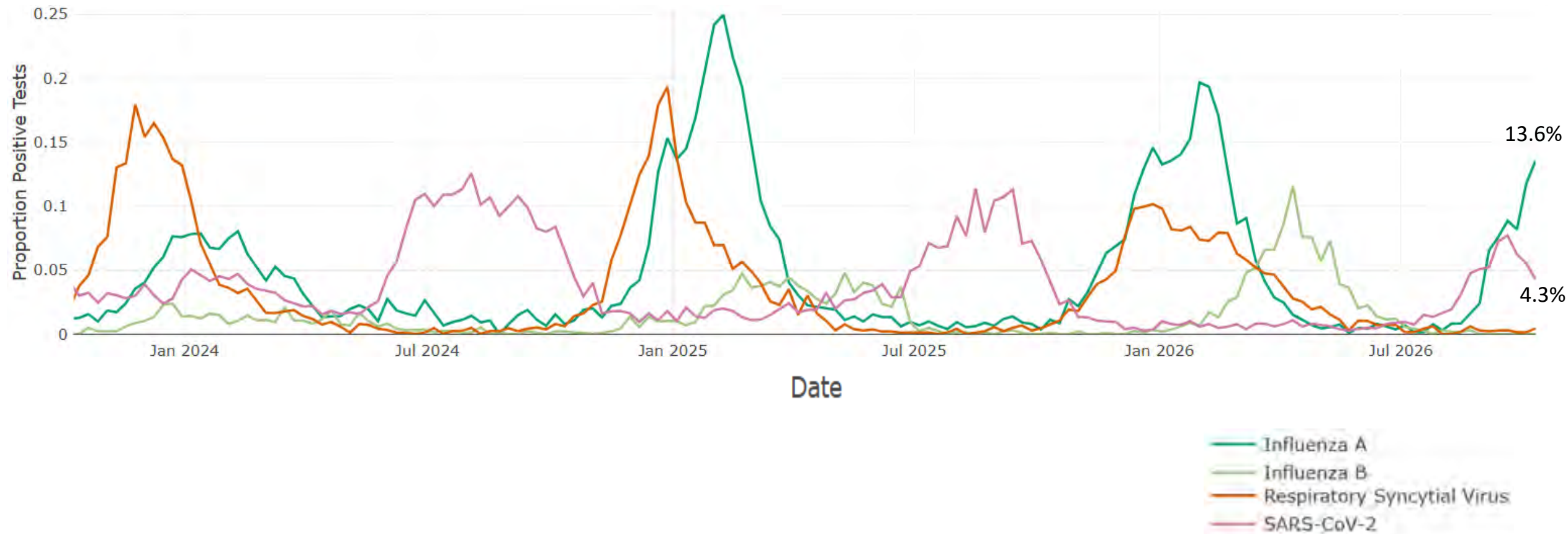
Percent of Tests Positive for COVID-19 — United States, Week Ending 10/3/26*



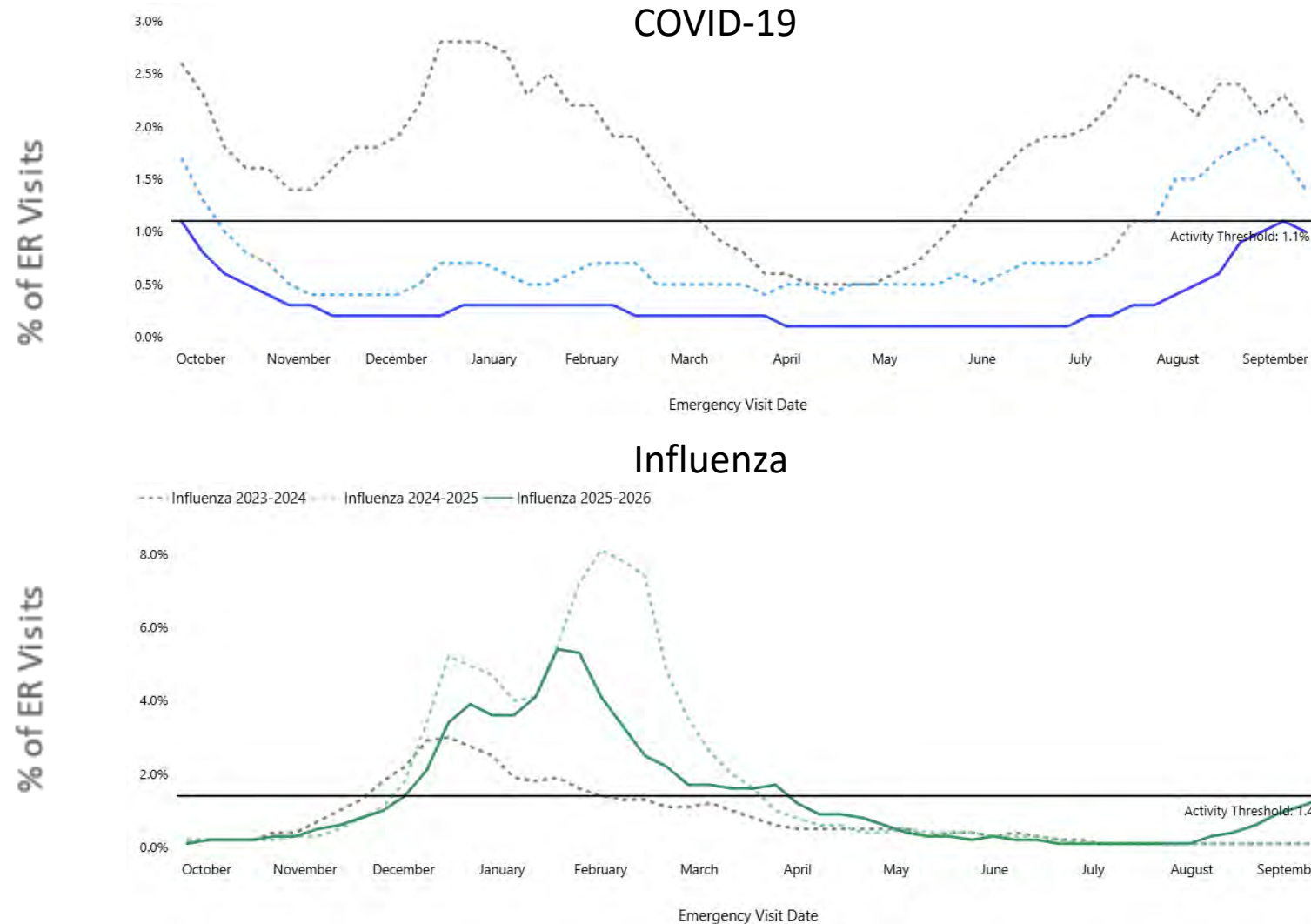
Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2025-26 vs. Prior Seasons (through 10/3/26)



Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 10/10)

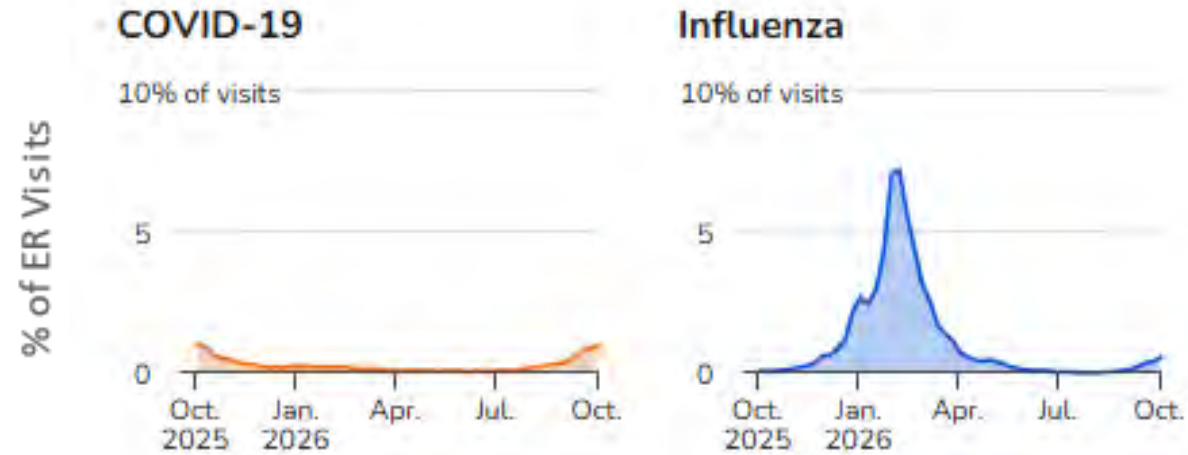


Percent of Emergency Room Visits Associated with COVID-19 and Influenza — Washington, 2025-26 vs. Prior 2 Seasons (through 10/3/26)

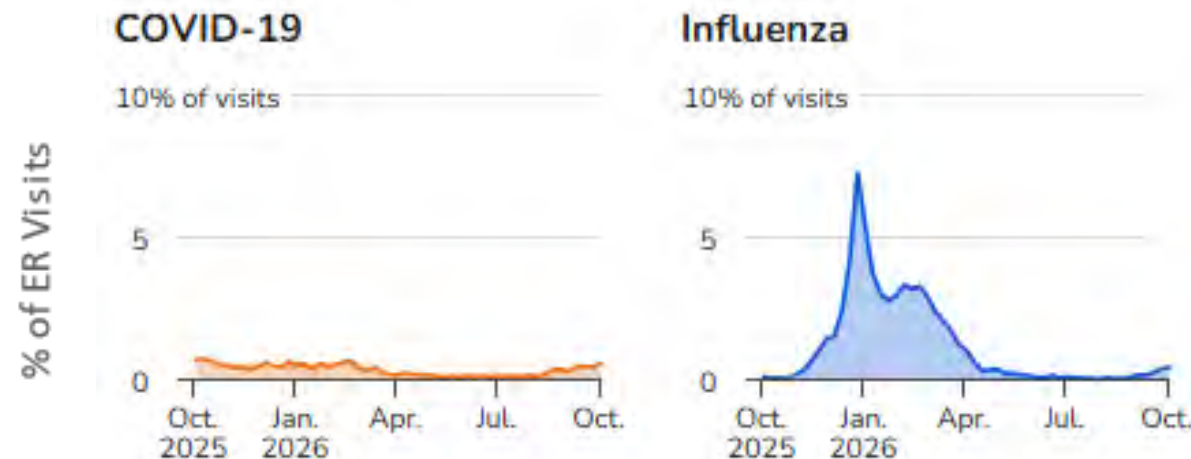


Percent of Emergency Room Visits Associated with COVID-19 and Influenza — Oregon and Idaho, 2025-26 (through 10/3/26)

Oregon

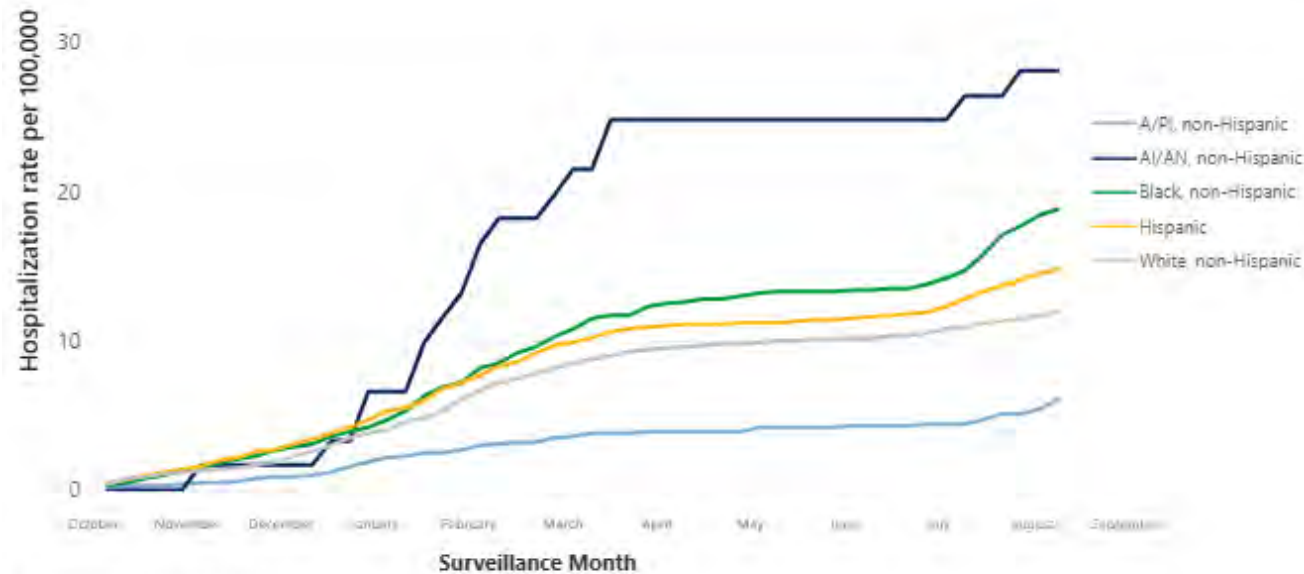


Idaho



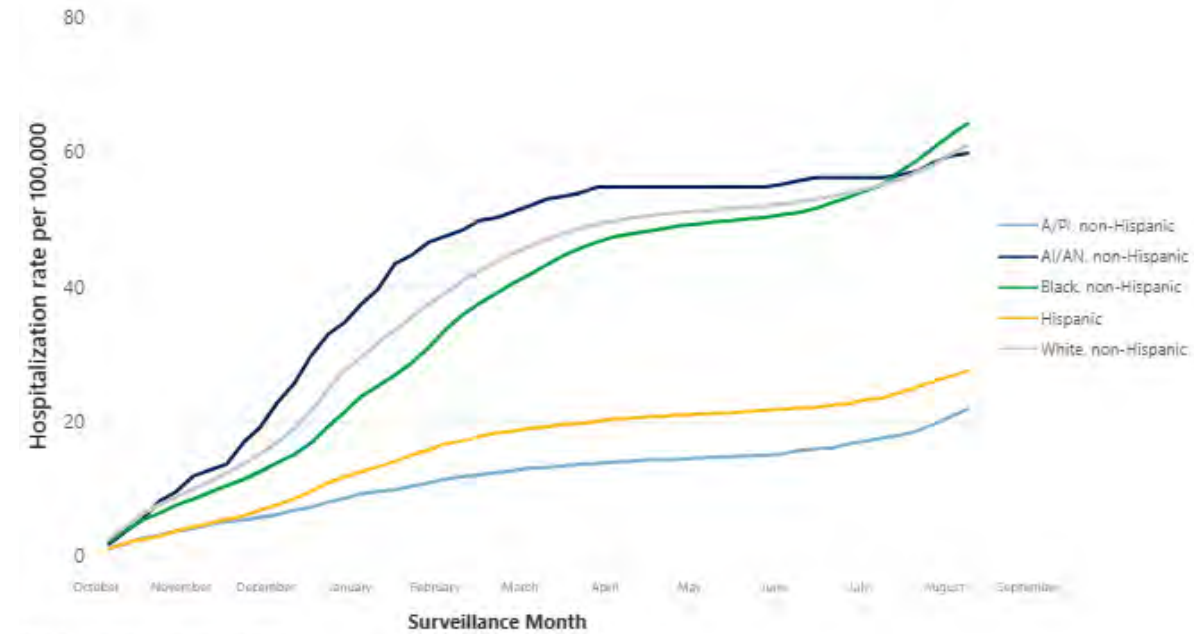
Cumulative Hospitalization Rates Associated with COVID-19 Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



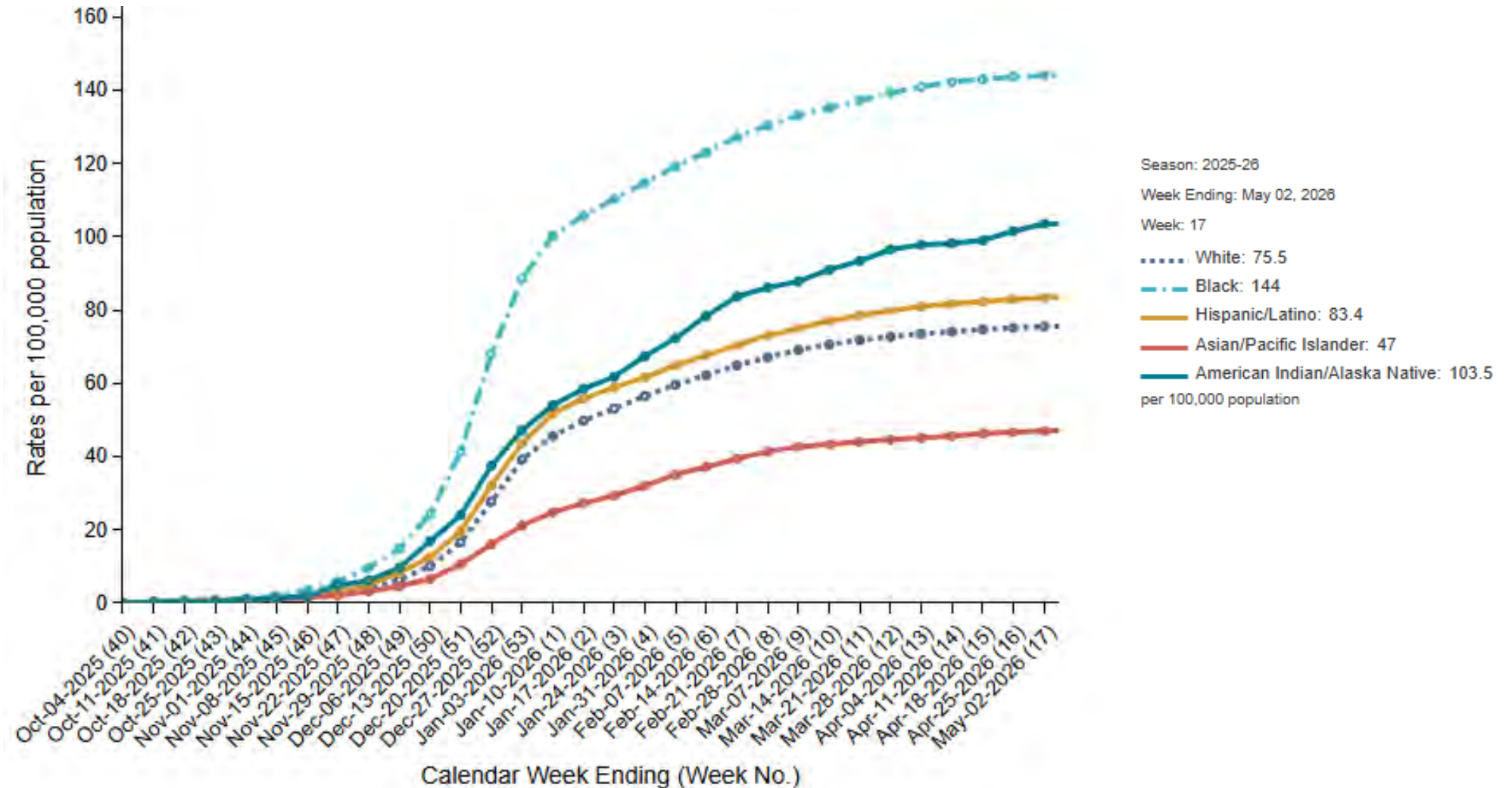
Data Last Updated: October 8, 2026

Adults, ≥ 18 Years



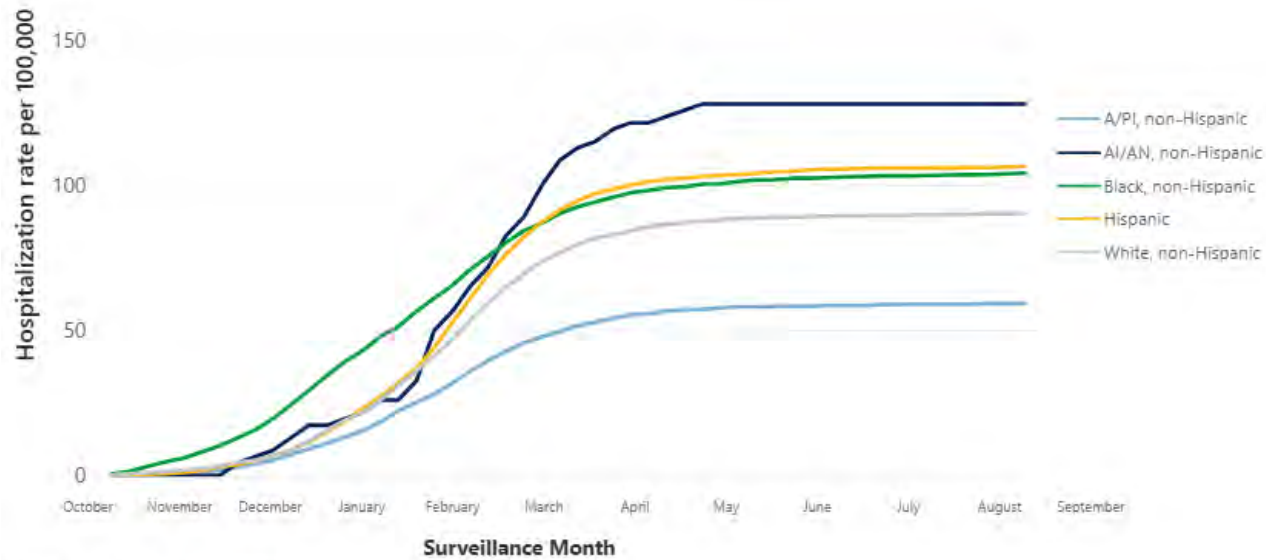
Data Last Updated: October 8, 2026

Cumulative Age-adjusted Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States, 2025-26



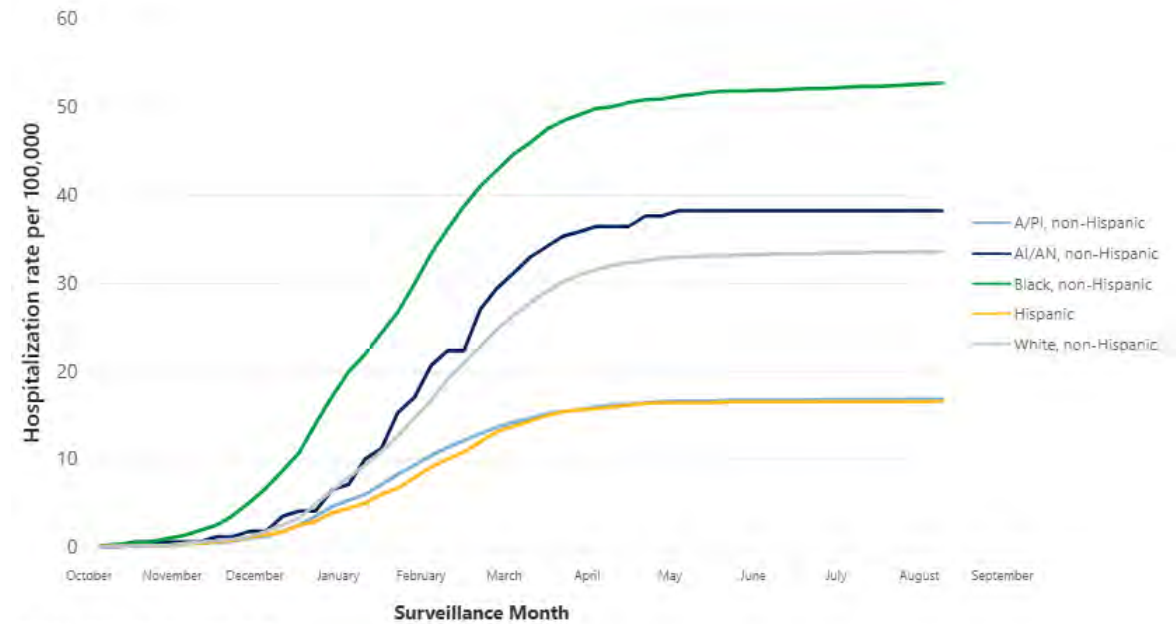
Cumulative Hospitalization Rates Associated with RSV Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



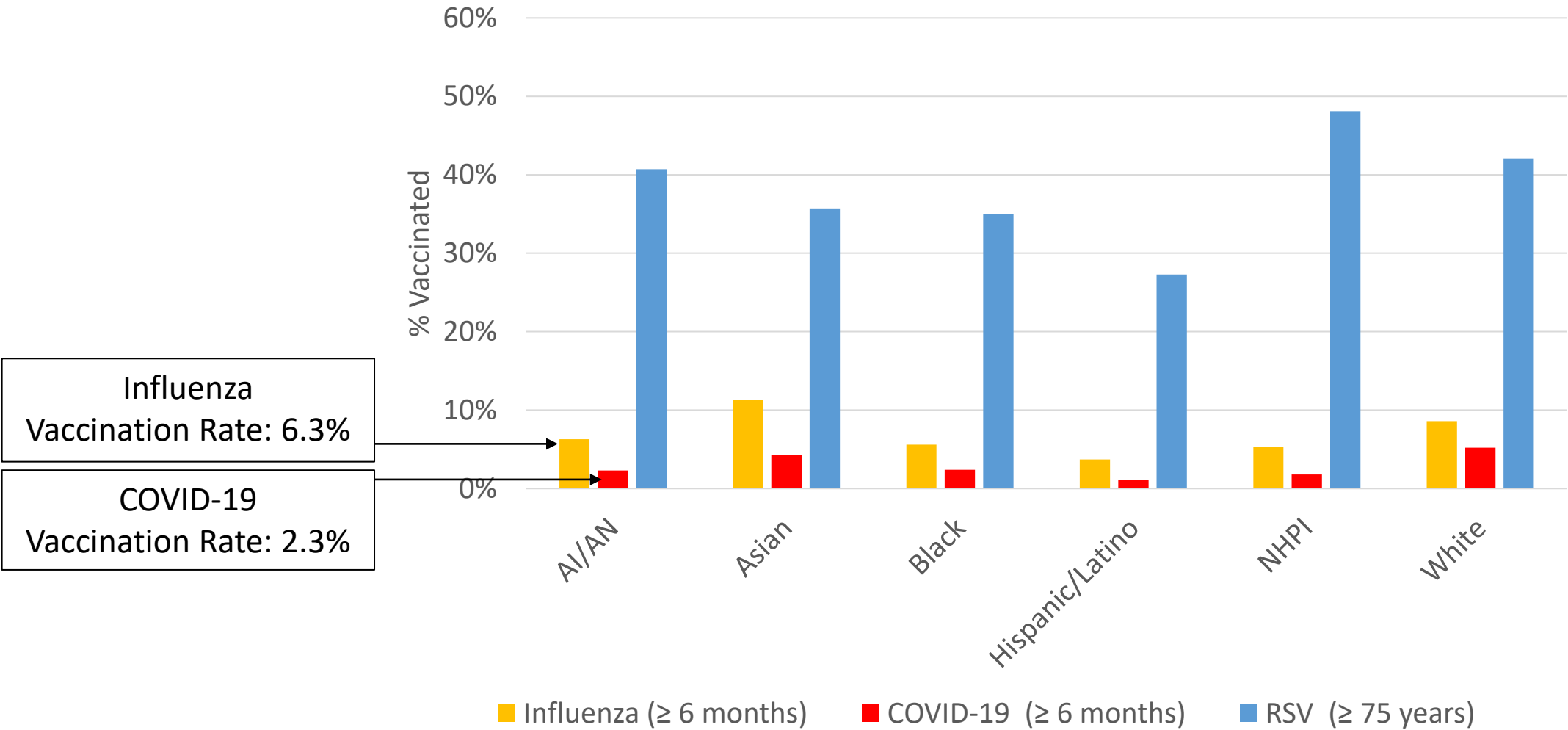
Data Last Updated: October 8, 2026.

Adults, ≥ 18 Years



Data Last Updated: October 8, 2026.

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State, 2026-27 (through 10/5/26)



Summary

- Measles:
 - 4,080 confirmed cases in the U.S. during 2026 as of 10/8, greatly exceeding the total number of cases during 2025 (n=2,289).
 - 95% of cases unvaccinated or with unknown vaccination status.
 - Portland Area: Oregon: 60 cases (current outbreak in Multnomah and Clackamas Counties), Washington: 58 cases (current outbreak in Clark County); Idaho: 10 cases (stable).
 - $\geq 95\%$ vaccine coverage is recommended to prevent measles outbreaks in communities.
 - In 2025-26, MMR coverage among kindergartners continued to decline to 90.6% for Washington state, 89.6% for Oregon, and 75.2% for Idaho.
- % of ER visits associated with Influenza is increasing early in all three states in the Portland Area.
- % of ER visits associated with COVID-19 is increasing in Oregon and Idaho, and remains elevated in Washington.
- AI/AN have a higher risk of more severe disease due to Influenza and COVID-19 but vaccination coverage has significantly dropped.
 - For WA, for 2025-26, 27.3% were vaccinated for influenza and only 12.2% had received at least one 2025-26 COVID-19 vaccine.
 - For WA, for 2026-27, so far 6.3% have been vaccinated for influenza and 2.3% have been vaccinated for COVID-19.

Recommendations

- Updated Influenza and COVID-19 vaccinations decrease risk of ER visits and hospitalizations; recommend ensuring communities are up to date.
- Ensure your patients, families, and community are up to date on their measles immunizations (goal $\geq 95\%$ up to date) and other immunizations for vaccine-preventable diseases.
- September 1-March 1: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- October 1- March 31: RSV monoclonal antibody recommended for AI/AN children ≤ 19 months [infants < 8 months whose mother did not receive the maternal RSV vaccine before or during current RSV season or received it < 2 weeks before delivery (nirsevimab or clesrovimab) and for all children age 8-19 months (nirsevimab)].
- RSV vaccinations for adults: One time vaccine for those ≥ 75 years-old or age 50-74 at increased risk.

Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)



Vaccination information for Natives by Natives

COVID-19 Vaccine



We have many ways to optimize our health and improve our lives. Vaccines are just one way we can protect ourselves from serious illnesses, like COVID-19 and the impacts of long COVID.

This handout is designed to help you understand COVID-19 and COVID-19 vaccines, so you can take care of yourself, your family, and your community.



“As a Crow Tribal member, we did lose a lot of Elders during the COVID pandemic, especially before vaccines... Now, we are social gathering, and we are lost without these Elders... When we get vaccinated, we are protecting our Elders and our culture. We have to protect our people. And vaccines do help with that. Even if your body is strong and healthy, it's still important to get vaccinated.”

— Lana Schendelina, Elder and Crow Tribal Member

Common COVID-19 Symptoms

COVID-19 is a virus that attacks your whole body and causes some or all of these:

- Fever
- Cough
- Loss of taste and smell
- Headaches
- Shortness of breath
- Congestion
- Sore throat

COVID-19 can also result in hospitalization and death, especially for those more vulnerable, like people with certain medical conditions and Elders. It can also result in a range of ongoing health problems – including long COVID – that can last weeks, months, or even years.

How COVID-19 Spreads

COVID-19 spreads through droplets in the air when a person with the virus coughs, sneezes, speaks, sings, or breathes. It can also spread through objects someone with the virus touches, sneezes, or coughs on. The virus can enter your body when you touch these objects and then touch your mouth, nose, or eyes.



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That's why if you get a flu shot, you are less likely to get sick with the flu. Getting vaccinated can also reduce the seriousness of illness if you happen to get sick.

Vaccines Protect You and Baby During Pregnancy

When you get vaccinated during pregnancy and your warrior cells learn to recognize and fight a particular illness, this information gets shared with your unborn baby. However, the protection offered to your baby starts to fade in the weeks and months after birth. That's why it's important to talk with your health provider about what vaccines both you and your newborn need to stay healthy.

Vaccines to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

- Tdap (whooping cough) vaccine
- Flu vaccine
- COVID-19 vaccine

Depending on your history, you and your doctor may decide that you need additional vaccines.

How to Protect Yourself

To be fully vaccinated against COVID-19, you need to complete the vaccine series and get boosted. For most people, the vaccine series consists of two shots. You get the first shot, then the second one about 25 days later. Five months after completing the vaccine series, you get boosted. We may also need additional boosters after that. Why? Booster shots contain the most up-to-date instructions for fighting against the latest versions of COVID-19.

How the Shots Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 shots, the ingredients tell our warrior cells how to recognize and fight COVID-19. That's why if you get the COVID-19 vaccine series and get boosted, you are less likely to get sick with COVID-19. It can also reduce the seriousness of illness if you happen to get sick.

Shot Side Effects

You may experience side effects from the COVID-19 shots. This does not mean you are getting sick with COVID-19. Most side effects are mild and go away within a few days. Mild side effects are a good sign that your warrior cells are preparing to recognize and fight COVID-19.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Fatigue
- Muscle aches
- Headache
- Shortness of breath
- Sore throat

Shot Safety

Millions of Americans have safely received the COVID-19 shots. This includes American Indians and Alaska Natives. Like all vaccines in the U.S., the COVID-19 shots are monitored for safety.




Vaccination information for Natives by Natives

Who Should Get Vaccinated

Generally, anyone 6 months and older should get vaccinated against COVID-19, including pregnant people. For more information, talk to your provider.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

Vaccinative

This handout was developed by Vaccinative – a project dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

All of our materials are reviewed by the Vaccinative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryEcho.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.



“We work together, using modern and traditional medicines to help keep our tribe safe from COVID-19. I got vaccinated to protect my family, my tribe, and I from COVID-19. COVID vaccines are safe, and the benefits of getting a COVID vaccine outweigh the risk of getting COVID-19 infection.”

— Dr. Frank Anashkin, M.D. (LTS), Gynecologist, UPR Eastern Interior Tribal Clinic, medical Director, Treaty Medicine Physician



“As a new parent, I know that I'm not only responsible for my health, but for my baby's health too. Making sure our whole family is up to date on our vaccines gives me peace of mind that we are all doing what we can to stay healthy. I also feel like I am honoring our ancestors who did not always have access to these medicines.”

— Tame Eagle Staff, Musqueam & Ogishla Lakota, Northern Anishinabe, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board



Vaccines and Breast/Chestfeeding

Breast/chestfeeding is one of the best ways to nourish, comfort, and connect with your baby. When you are vaccinated, breast/chestfeeding can also help you pass on important instructions for recognizing and fighting serious illnesses, like COVID-19. Likewise, getting vaccinated as a new parent makes it less likely that you will get sick and make your baby sick.

Talk with your health provider to learn what specific vaccines are recommended for you while you are breast/chestfeeding.

The Choice is Yours

As you think about getting vaccinated, read up and bring any questions or concerns you have to your health provider. They can talk with you and help explain why certain vaccines are safe and effective and which vaccines you may want to temporarily avoid. They will also share other tools to keep you and your family healthy.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

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Additional Information

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Protecting Your Kids from Respiratory Illnesses

Respiratory illnesses
Respiratory illnesses – the coughing, sneezing, runny nose, and COVID-19 – can be extremely dangerous for kids.

Who Should Get Vaccinated

Whooping Cough (Diphtheria)	Infants 2 mos., 4 mos., and 6 mos. AND kids 4 yrs. and 6 yrs. old
Pneumonia	Infants 2 mos., 4 mos., and 6 mos. AND kids 2 yrs. and 4 yrs. old
RSV	Infants less than 6 mos. old AND kids 2 yrs. and 4 yrs. old
COVID & Flu	Everyone 6 mos. and older every year




Why Buggy Bats?

COVID-19 and flu quickly change from their look. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe

Science and studies are clear. People are more likely to get sick by ignoring their health than by getting vaccinated to stay healthy.

Don't Have Regrets

The pros of vaccines far outweigh the cons. Missing vaccines puts your child – and others – at risk for serious illnesses.

Learn more
www.IndianCountryEcho.org/Vaccine-Boost



<https://www.IndianCountryEcho.org/vaccinative/>
<https://www.IndianCountryEcho.org/native-boost/>

Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources:

National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (NPAIHB): [VacciNative](#); [Native Boost](#)

[National Council of Urban Indian Health](#)

Johns Hopkins Center for Indigenous Health. [Knowledge Center](#); [Resource Library](#)

Indian Country ECHO/UNM Project ECHO: [Making a Strong Vaccine Recommendation: Vaccine Communication, MMR Vaccine Outreach Strategies, Current Measles Response and Clinical and Prevention Best Practices](#)

American Academy of Pediatrics: [Recommended Child and Adolescent Immunization Schedule](#), <https://www.aap.org/immunization>; <https://www.healthychildren.org/immunizations> (e.g. [COVID-19 What Families Need to Know](#))

American College of Obstetricians and Gynecologists. [Maternal Immunization Schedule](#)

Children's Hospital of Philadelphia: [Vaccine Education Center](#); [Vaccine and Vaccine Safety-Related Q&A Sheets](#) (e.g. [Q&A COVID-19 Vaccines What You Should Know](#); [Protecting Babies from RSV: What You should Know](#); [RSV & Adults: What You Should Know](#); [Influenza: What You Should Know](#)); [Vaccines and Infectious Diseases in the News](#)

Immunize.org: [Clinical Resources A-Z](#); [Influenza \(Flu\)](#)

[Boost Oregon](#): [Videos and Resources](#)

Personal Testimonies: [Families Fighting Flu: Our Stories](#)

Washington State Department of Health: [Immunizations and Vaccines](#) | [Washington State Department of Health](#); [Flu Overview](#); [Materials and Resources](#); [Influenza \(Flu\) Information for Public Health and Healthcare](#); [Measles Communications Toolkit for Washington State Partners](#); [Measles](#) | [Washington State Department of Health](#); [COVID-19](#); [DOH COVID-19 Vaccine Schedule](#); [Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public](#); [West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV](#) | [Washington State Department of Health](#); [Respiratory Illness Data Dashboard](#).

Oregon Health Authority: [Immunization Resources](#); [Flu Prevention](#); [Measles / Rubeola \(vaccine-preventable\)](#) : [Diseases A to Z : State of Oregon](#); [Oregon's Respiratory Virus Data](#).

Idaho Department of Health & Welfare: [Child and Adolescent Immunization](#) and [Adult Immunization](#); [Flu \(Seasonal and Pandemic\)](#); [COVID-19](#); [Measles](#) | [Idaho Department of Health and Welfare](#); [Idaho Weekly Statewide Viral Respiratory Disease Indicators](#).

Centers for Disease Control and Prevention: [Preventing Seasonal Flu](#); [Flu Resources](#); [Preventing Spread of Respiratory Viruses When You're Sick](#); [RSV](#); [About Measles](#) | [Measles \(Rubeola\)](#) | [CDC](#); [Measles Resources](#) | [Measles \(Rubeola\)](#) | [CDC](#); [Measles Videos](#) | [Measles \(Rubeola\)](#) | [CDC](#)

